

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000195

Entity Name: GAMCO PROPERTIES, LLC

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

19341 N.W. 8 STREET  
PEMBROKE PINES, FL 33029 US

## New Principal Place of Business:

456 SPEND-A-BUCK DRIVE  
INVERNESS, FL 344537944 US

## Current Mailing Address:

19341 N.W. 8 STREET  
PEMBROKE PINES, FL 33029 US

## New Mailing Address:

P.O. BOX 280  
HOLDER, FL 344450280 US

FEI Number: 65-1212084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALDWELL, SARAH L  
19341 N.W. 8 STREET  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

CALDWELL, SARAH L  
456 SPEND-A-BUCK DRIVE  
INVERNESS, FL 344457944 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CALDWELL, JOHN D  
Address: 1595 S.W. 191 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM ( ) Delete  
Name: CALDWELL, SARAH L  
Address: 19341 N.W. 8 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM ( ) Delete  
Name: CALDWELL, ROXANA  
Address: 1595 S.W. 191 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM (X) Delete  
Name: CALDWELL, J D  
Address: 19341 N.W. 8 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CALDWELL, JOHN D  
Address: 456 SPEND-A-BUCK DRIVE  
City-St-Zip: INVERNESS, FL 344537944 US

Title: MGRM (X) Change ( ) Addition  
Name: CALDWELL, SARAH L  
Address: 456 SPEND-A-BUCK DRIVE  
City-St-Zip: INVERNESS, FL 344537944 US

Title: MGRM (X) Change ( ) Addition  
Name: CALDWELL, ROXANA  
Address: 456 SPEND-A-BUCK DRIVE  
City-St-Zip: INVERNESS, FL 344537944 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SARAH L. CALDWELL

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date